



## **Application Data Sheet**

### **Application Information**

Application number::	09/580,018
Filing Date::	05/26/00
Application Type::	Regular
Subject Matter::	Utility
Sequence Submission::	Yes
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE
Attorney Docket Number::	15270J-004760US
Request for Early Publication::	No
Request for Non-Publication::	No
Total Drawing Sheets::	18
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Dale
Middle Name::	B.
Family Name::	Schenk
Name Suffix::	
City of Residence::	Burlingame
State or Province of Residence::	CA

Country of Residence:: US  
Street of Mailing Address:: 1542 Los Altos Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Frederique  
Middle Name::  
Family Name:: Bard  
Name Suffix::  
City of Residence:: Pacifica  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1111 Park Pacifica Avenue  
City of Mailing Address:: Pacifica  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94044

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Theodore  
Middle Name::  
Family Name:: Yednock  
Name Suffix::  
City of Residence:: Forest Knolls

State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 184 Arroyo Road  
City of Mailing Address:: Forest Knolls  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94933

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Assignee Information**

Assignee Name:: Neuralab Limited  
Street of mailing address:: 102 St. James Court  
City of mailing address:: Flatts  
State or Province of mailing address:: Smiths  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: FL 04